

# ADOLESCENT GIRLS' PERCEPTIONS ABOUT HIV AND AIDS-RELATED RISKY BEHAVIOURS: ARE WE CLOSER TO COMBATING THE PANDEMIC AMONG SOUTH AFRICA'S YOUTH?

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## ABSTRACT

South Africa has reportedly the largest number of people living with HIV and AIDS in the world. Although adolescents as a group comprises the greatest portion of infected people, their behaviours and perceptions about the disease leave a lot to be desired. The purpose of this article is to explore some South African adolescent girls' risky behaviours and perceptions about HIV and AIDS. A qualitative case study approach, using a school in Soweto, Johannesburg, was adopted. The paradigmatic position was interpretive. Twelve adolescent girls aged between 15 and 19 were purposively selected to participate in semi-structured interviews. Data were qualitatively processed to discern themes. Results showed that adolescent girls have comprehensive knowledge about HIV and AIDS, but they indulge in risky sexual behaviours because of ignorance, peer influence and a need to access government child support grants. The study concludes that unless there is a sharp turn-around in the youthful adolescent girls' perspectives on HIV and AIDS, the country's efforts to attain a Sustainable Development Goal of combatting HIV and AIDS, will remain elusive.

**Keywords:** adolescents, HIV and AIDS, South Africa, perceptions



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## INTRODUCTION

HIV/AIDS has become a global disease, spreading rapidly since the first cases were identified in the late 1970s. The epidemic is currently one of the main causes of death in various countries of the world (UNAIDS 2014). South Africa has the largest number of people living with the disease in the world. The country is estimated to have approximately 5.51 million people living with HIV and AIDS (Statistics South Africa 2014, 2) and the majority of these are youths. Adolescents are the most 'at risk' population in the world (Ike and Oluwatosin 2016). They comprise the largest number of people living with the disease (UNAIDS 2014).

HEAIDS (2007) estimates that, almost 1 in 6 adolescents in South Africa could be HIV positive. It is against a backdrop of adolescents' HIV and AIDS statistics and a realisation that the majority of secondary school-going children or youths fall into that group, that this study was conducted. Various other studies have been conducted about HIV and AIDS and adolescents (Castro, Ward, Slutsker, Buehler, Jaffe and Berkelman 1993; Basen-Engquist and Parcel 1992; Brook, Morojele, Zhang and Brook 2006; Oladepo and Fayemi 2011; Cluver, Boyes, Orkin, Pantelic, Molwena and Sherr 2013; Lowenthal, Bakeera-Kitaka, Marukutira, Chapman, Goldrath and Ferrand 2014). Most of these studies tend to focus on adults' knowledge about HIV and AIDS issues. There is, however, a gap in the actual studies that focus on adolescent girls' risky behaviours and perceptions about HIV and AIDS. A lack of information in that area is what this study seeks to address. The purpose of this study is to explore adolescent girls' risky behaviours and perceptions about HIV and AIDS. The study is guided by one critical question: What are adolescent girls' perceptions about HIV and AIDS-related risky behaviours? It is imperative to investigate adolescent girls' behaviours and perceptions of HIV and AIDS as this would help alleviate the rampant spread of the disease, particularly among South Africa's vulnerable adolescent youths.

Adolescence is conceptualised differently by different people in different societies (Ike and Oluwatosin 2016). According to the World Health Organization (WHO), an adolescent is a person whose age ranges between 10 and 19 years. The term is also conceptualised as a period in which a person is neither considered a child nor an adult (Das et al. 2016). It is also a period where individuals get opportunities as well become more vulnerable to many risks such as substance abuse and sexual exploration, which can result in people contracting HIV and AIDS (Ike and Oluwatosin 2016).

Adolescents are a group most vulnerable to HIV and AIDS because of their propensity to sexual activities and increased tendencies for experimentation (Das et al. 2016). Adolescent girls who live in South African townships have different views about HIV and AIDS (Boulle et al. 2010; Jewkes and Morrell 2010; MacPhail, Pettifor, Coates and Rees 2008; Brook et al. 2006). Some indulge in risky behaviours

out of ignorance and these lead to the attendant consequences in contracting the virus. Sometimes they do not take into account risks associated with their desires to gratify sexual feelings. That is why they experiment (Ike and Oluwatosin 2016; Oladepo and Fayemi 2011) mostly at the instigation of deviant peers (Brook et al. 2006; Cluver et al. 2013).

Some adolescents lack the correct health information. They are misled by their peers, and peer pressure to conform makes them engage in risky behaviours (Das et al. 2016; Brook et al. 2006). In some instances, adolescents lack knowledge about risks associated with having multiple sexual partners (MacPhail, Pettifor, Coates and Rees 2008). Das et al. (2016) assert that many adolescents have never heard about HIV or AIDS. Consequently, they lack knowledge about the disease and have negative attitudes.

The preceding notions appear to be contrary to findings of studies done in Nigeria, which showed that adolescents had high levels of awareness and knowledge about HIV infection and AIDS (Ike and Oluwatosin 2016; Oladepo and Fayemi 2011). Adolescents are believed to have comprehensive knowledge about HIV and AIDS, but they tend to engage in activities that risk their lives. Meda (2013) argues that despite widespread knowledge of the consequences of HIV and AIDS and preventive measures to avoid infection, risky sexual practices remain rampant among adolescents in South Africa. In the South African context, teaching about HIV and AIDS is compulsory at all levels of education: primary, secondary and tertiary education. Adolescents receive all the necessary information about the diseases, but their levels of knowledge do not appear to result in decreasing risky behaviour.

Some adolescents are driven to indulge in unprotected sex because of excessive alcohol consumption (Ike and Oluwatosin 2016; Rashad and Kaestner 2004; Watt et al. 2012). A study by Watt et al. (2012) showed that alcohol was mainly used as transactional currency in some South African townships. Such transactional sex practices tend to be a launch pad into risky behaviour among teenagers. This significantly contributes to the country's inability to realise its vision on HIV and AIDS and that of Sustainable Development. South Africa's vision on HIV and AIDS is to have zero new infections due to vertical transmission and zero preventable deaths associated with HIV and AIDS (*National Strategic Plan* 2016). Such noble visions are likely to be compromised if youths are not monitored in their formative years.

A conceptual framework underpinning this study is Kosslyn and Rosenberg's (2001) notion of perception. Perception, just like attitude, can be conceptualised as being positive or negative. Whether perception is positive or negative, it influences behaviour, which in turn affects beliefs (Kosslyn and Rosenberg 2001). Adolescent girls' perception of HIV and AIDS can manifest mainly as positive or negative. Girls with negative perceptions about HIV and AIDS do not fear consequences of

contracting the disease. They are often overwhelmed by the pleasure principle and ignorance (Kosslyn and Rosenberg 2001). On the other hand, adolescent girls with positive perceptions have knowledge about HIV and AIDS, hence they strive to protect themselves from contracting it.

## METHODOLOGY

The study adopted a qualitative approach within an interpretivist paradigm. The qualitative approach and interpretivism were chosen because of their compatibility and ability to let participants provide rich textual data about a particular phenomenon (Creswell 2012). They both enabled participants to freely express their views about risky behaviours and perceptions that they have about HIV and AIDS. The study was done as a case study of a school in Soweto. A case study was ideal to use since the study focused exclusively on a specific case of adolescent girls at a particular school. According to Cohen, Manion and Morrison (2007), case studies are very specific. They identify one group of participants, one setting and one situation or one event (Creswell 2008). The case study enabled researchers to have an in-depth study of girls in order to have a comprehensive understanding of their behaviours and perceptions. Soweto was chosen because it is one of the locations in South Africa where HIV and AIDS prevalence rate is high.

Twelve learners aged between 15 and 19 in grades 10 to 12 were purposively chosen to participate in this study. These were selected from a school in Soweto. Learners in grades 10 to 12 were chosen because they were adjudged sufficiently mature to participate extensively in the study, some with the blessing of their guardians. Data were collected using semi-structured interviews and then analysed using content analysis. Validity and trustworthiness were ensured by going back to the participants to show them the transcribed data to see how their voices were presented.

Research ethics were observed by the following: Ethical clearance was sought from a university committee and permission was granted by both the Department of Education and the school. Participants were notified of the purpose of the study. They were all informed that participation was purely voluntary and that they were free to withdraw from the study at any point.

Mertens (2012) argues that children should not be made to sign consent forms. Generally, researchers are required to obtain consent from children's parents/guardians. However, children can then provide consent, meaning that they understand and agree to participate in the research. In this study, permission was asked from parents to have their children (learners) participate in the research. All parents signed consent forms for the participation of their children. Children signed consent forms prior to the commencement of interviews. They were also notified that they were

not compelled to participate in the study because their parents consented to their participation. Mishna, Antle and Regehr (2004) assert that if parents consent to the participation of their children, researchers must tell children that they have a right not to participate if they do not want to. Confidentiality was maintained throughout the study. Pseudonyms were used to enhance participants' privacy.

## FINDINGS

Findings of the study show that adolescent girls do have knowledge about HIV and AIDS. They perceived HIV as a causative agent of AIDS, which ultimately leads to death. This was revealed by Susan who said: 'HIV is a virus that causes AIDS and it kills and is contracted through unprotected sexual intercourse.' Adolescents understand consequences of contracting the diseases, but they still indulge in risky behaviours.

Girls reported that they engaged in early sexual activities because they felt that they were mature enough. Milly said: 'I had to do unprotected sex because I felt that I was old enough.' Memory practised risk behaviour of sex because of lack of adequate knowledge about the disease: 'I engaged in sex at an early age and I did not have the adequate information about HIV and AIDS.' Adolescent girls demonstrated that they are aware of the consequences of engaging in early sex, particularly if one does not have the right information.

Some girls succumbed to peer pressure. That is why they engaged in early sexual activities. Trish said: 'I engaged in sex because I wanted to belong to my group and to be seen as cool by my friends.' Melody said: 'We girls are forced to participate in sexual activities because our friends are doing it. In that context, if you are seen not doing what others are doing, you feel out of place.'

Some adolescent girls are vulnerable to HIV and AIDS because of their inclination towards sexual experimentation. Anna said: 'As adolescents, even though we know about condoms, we still want to experiment how it feels to have sex without a condom. It is like we do sex without a condom in order to satisfy our curiosity.' Judith said: 'As girls, we have this mentality that the world is coming to an end, therefore, we need to experiment things including sex without a condom.'

In some cases adolescent girls are ignorant. They are aware that HIV and AIDS are there and they know how they spreads, but, they simply ignore all that. If they are faced with a situation of wanting to do sex without a condom, they ignore the risks and indulge in unprotected sex to gratify their desires. Susan said: 'It is not that we do not take HIV and AIDS seriously, we do, but, not to an extent of refusing sex with someone you love because we do not have a condom at that time.'

Adolescent girls do unprotected sex to show that they trust and love their partners. Tanya reasoned: 'I see no need to use a condom because I trust my boyfriend.'

If I suggest protected sex, it would seem like I do not trust him.' Adolescent girls believe in pledging their fidelity by risking their lives even if they know how to protect themselves against the disease. In addition, this may also be due to the fact that insisting on safer sex may imply that one of the parties is either infected or is sleeping around. So, a girl ends up taking part in unprotected sex in order to prove her innocence.

Alcohol consumption is one of the factors that expose adolescent girls to the risk of being infected with HIV and AIDS. Pretty said: 'The reason why I say yes we are at risk is because as teenagers we like going to parties and get drunk. This results in ignoring the use of condoms. In some cases, our boyfriends insist on unprotected sex and we give in because of drunkenness.'

Adolescent girls put pleasure ahead of their health. They revealed a low risk perception and high risk behaviour about HIV and AIDS. They did not worry about unprotected sex in spite of the fact that they knew the risks. They were concerned more about preventing pregnancy than contracting HIV and AIDS. Mercy opined: 'We girls are more concerned about preventing pregnancy than HIV and AIDS.' Similarly, Pretty said: 'I just have to make sure that I do not fall pregnant after having unprotected sex with my boyfriend, that is all.'

Even if some of the girls revealed a comprehensive understanding of the consequences of their actions, they perceive HIV and AIDS as something that can be worried about by adults, not adolescents. Susan said, 'My knowledge about HIV and AIDS does not necessarily influence me to abstain from having unprotected sex. I am less concerned about HIV and AIDS. I may be more concerned about it when I am older, that is when I will learn to take it more seriously.' This reveals that adolescent girls' negative perceptions of HIV and AIDS do not have an impact on their sexual practices.

In some instances, adolescent girls reported that contracting HIV and AIDS is the least of their concerns because of potential benefits of living with the disease. Girls engage in risky behaviours knowing that they stand to gain access to support grants that are given to people living with HIV and AIDS in South Africa. Matilda said:

I see HIV and AIDS as a career for most people especially in poverty stricken areas. As we know, HIV infected individuals now have access to government grants. So, some people go to the extent of infecting themselves with the hope that they will have access to these grants. In certain cases, when there are outreach campaigns about HIV and AIDS, you are assured of benefiting from getting free t-shirts and other portable gadgets.

Memory said:

As girls, we have this mentality that my HIV is better than yours, so, I am going to have access to a government grant. It's like people get infected intentionally knowing that the government will give them grants, but, they are actually killing themselves.



Adolescents' risky behaviours can be attributed to a lack of parental guidance. Girls reported that they hardly talk about HIV and sex with their parents. Trish said: 'Our parents, especially mothers find it difficult to talk to us about sex-related issues thinking that this would encourage us to become sexually active.'

Parental involvement in adolescent sexuality is limited. Adolescent girls acquire sex information mostly from their peers and from school in subjects such as Life Orientation. Anna submitted: 'My family do not talk about HIV and AIDS. I came to know about HIV and AIDS through a Life Orientation subject at our school where we learnt about how the virus is transmitted and prevented.'

## DISCUSSION

Findings of this study showed that adolescent girls possess the basic requisite knowledge regarding HIV and AIDS issues (Oladepo and Fayemi 2011; Meda 2013; Ike and Oluwatosin 2016). They are aware of the causal agent of AIDS. Regrettably, some of these adolescents have a tendency of stopping condom use after some time in a relationship, arguing that there is no longer any need as they are faithful to, and trust each other. Oladepo and Fayemi (2011) revealed low levels of condom use among Nigerian youths. This is also consistent with a view of Maharaj (2006) who argues that the length and intensity of a relationship influence condom use: the longer a relationship lasts, the greater the likelihood that condom use will be discontinued.

Results also suggested that the adolescent girls engaged in sex early in their lives. This seems to be a worrying trend as one would expect such youths to abstain from sexual activity. Moreover, most of them confirmed low condom usage, thus placing themselves at risk. Personal aggrandisement appeared to precede personal safety when it comes to HIV and AIDS among adolescents in Soweto. This is consistent with Kosslyn and Rosenberg's (2001) concept of negative perceptions (about HIV and AIDS), which are led by desires to satisfy pleasure principles. Adolescents are overwhelmed by the pleasure principle, which results in forcing them to practise unsafe sex just to gratify their immediate sexual desires. The lack of parental guidance, general ignorance, peer pressure and the use of alcohol featured prominently as predisposal factors in the HIV and AIDS transmission equation. Some adolescents will tend to regret at a later stage, but that will be too late because they may have contracted the disease (UNAIDS 2014).

In a context where adolescents have basic knowledge about HIV and AIDS including its effects, strong measures need to be reinforced in order to make sure that they abstain from risky sexual behaviours (Brook et al. 2006). Such reinforcement can be done through capacitating adolescents themselves to become peer mentors. Kosslyn and Rosenberg's (2001) argue from a psychological perspective that it is possible for adolescents to pay more attention to their fellow adolescents than teachers and parents. Thus, augmenting parents' and teachers' efforts to spread HIV

and AIDS information to adolescents can be increased by having more peer mentors who are adolescents.

## CONCLUSION

This study concludes that although HIV and AIDS are not a new subject to adolescents, they seem not to fully understand both short- and long-term effects of the disease. HIV and AIDS will remain rampant and widespread especially in areas where adolescents are left to learn about the diseases through self-experimentation. Adolescent girls' assertion that they would rather be more concerned about pregnancy than to contract HIV and AIDS is simply a sign of immaturity and irresponsibility (Oladebo and Fayemi 2011). The assertion is very consequential, not only to adolescent girls, but also to the nation at large. A country's efforts to reduce HIV infection will be futile if adolescents are not adequately educated in order to change their behaviours (UNAIDS 2014). Sustainable Development Goals are going to be unattainable as long as adolescent girls' perceptions about HIV and AIDS are inappropriate. In the absence of cure of the diseases, education remains the most vital tool to reach out to adolescents in order to minimise the spread. Adolescents themselves can be capacitated to act as peer mentors so that they can educate their fellows. This study recommends prioritising peer mentorship programmes to promote the much-desired HIV and AIDS beliefs and perceptions.

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